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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/659,427	
	Filing Date	September 11, 2003	
	First Named Inventor	Hideaki KUWABARA	
	Group Art Unit	2879	
	Examiner Name	Matthew P. Hodges	
Total Number of Pages in This Submission	13	Attorney Docket Number	740756-2649

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Election <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> w/PTO Form 1449; references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey L. Costellia (Reg. No. 35,483) Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	<i>Jeffrey L. Costellia</i>
Date	June 17, 2005

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# FEE TRANSMITTAL FOR FY 2005

Complete if Known	
Application Number	10/659,427
Filing Date	September 11, 2003
First Named Inventor	Hideaki KUWABARA
Examiner Name	Matthew W. Hodges
Art Unit	2879
Attorney Docket No.	7640756-2649



☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**800.00**

## METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 19-2380 Deposit Account Name: NIXON PEABODY LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims 41 - (HP = 25) 16 Extra Claims Fee (\$)50.00 = Fee Paid (\$)800.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 6 - (HP = 8) 0 Extra Claims Fee (\$)0 = Fee Paid (\$)0

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 - 100 = Extra Sheets 0 / 50 = Number of each additional 50 or fraction thereof 0 (round up to a whole number) x Fee (\$)0 = Fee Paid (\$)0

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

### SUBMITTED BY

Signature		Registration No. 35,483 (Attorney/Agent)	Telephone 202-585-8000
Name (Print/Type)	Jeffrey L. Costellia	Date	June 17, 2005

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